

## POLICY

Residential juvenile justice facilities must assist each youth in successful behavior development and rehabilitation through effective, comprehensive and timely individualized treatment plans.

Treatment plans must be based on the youth's assessed risk and assessment of the youth and family's strengths and needs. Plans must be developed in concert with the service plans prepared by the juvenile justice specialist (JJS) or other designated staff.

Treatment plans must incorporate the input of members of the facility treatment team, the youth's parent(s)/legal guardian(s), and the youth. At the W. J. Maxey Training School, the clinical review team and treatment team must work together to develop the treatment plan.

At each facility, the treatment team must meet so that the treatment needs and progress of each youth is reviewed at least every 30 calendar days. Parent(s)/legal guardian(s) must be notified in advance of these meetings and encouraged to participate in person, by telephone, or through video conference. When parent(s)/legal guardians are unable to participate in person, their written input must be encouraged.

## PURPOSE

To ensure each youth placed in a residential treatment institution is provided individually appropriate, complete and timely treatment planning which supports service delivery and positive, permanent changes in behavior. This policy does not apply to short-term institutions; see 1973 PA 116, Licensing Rule R 400.4234-400.4238 for required assessments in short-term institutions.

## DEFINITIONS

See JRG, JJ Residential Glossary.

## RESIDENTIAL TREATMENT PLANS

Residential treatment plans are written plans that must be completed for each youth at a residential treatment facility. Residential treatment plans consist of the following:

- DHS-232, Initial Treatment Plan (ITP).
- DHS-233, Updated Treatment Plan (UTP).
- DHS-234, Release Treatment Plan (RTP).

Residential treatment plans must be completed in the Juvenile Justice OnLine Technology (JJOLT) system. Plans must be written to support the permanency goal in the current juvenile justice service plan and document community reintegration planning.

**ITP Completion  
Date  
Compliance**

The prepared initial treatment plan is considered complete when the facility case worker submits the ITP to the supervisor through the JJOLT system. The completion date is reflected as the "Report Date" on the first page of the ITP.

The ITP is considered overdue if the Report Date is on or after the 31st calendar day following the youth's date of placement at the facility.

**UTP Completion  
Date  
Compliance**

Completion of the first UTP is required within 120 calendar days of the facility placement date (such as within 90 calendar days of the completion of the initial treatment plan) and at least every 90 calendar days thereafter or more frequently, if necessary, to ensure coordination with court hearings.

At a minimum, the UTP must be updated and revised at 90-day intervals. The due date of the UTP is within 90 calendar days of the previous treatment plan's report period end date. The updated treatment plan is considered complete when the treatment worker submits the UTP to the supervisor through the JJOLT system. The completion date is reflected as the "Report Date" on the first page of the treatment plan.

The UTP is considered overdue if the Report Date is on or after the 91st calendar day from the previous treatment plan's report end date.

**RTP Completion  
Date  
Compliance**

Completion of the RTP is required within 14 calendar days of the youth's release date from the facility. The completion date is

reflected as the “Report Date” on the first page of the treatment plan.

The RTP is considered overdue if the Report Date is on or after the 15th calendar day from the previous treatment plan’s report end date.

### **Supervisory Approval**

Prior to finalizing, the treatment plan, along with the required assessments, must be reviewed and approved by the supervisor. The treatment plan approval process requires the supervisor to:

- Review and approve the treatment plan within 14 calendar days of the Report Date.
- Select the “Approved” button in the JJOLT system to generate the approval transaction date.
- Enter their JJOLT password to electronically sign the treatment plan.

The agency is considered out of compliance with licensing R400.12403(2)(o) if the supervisor signature date is past the 14-day review and approval time frame.

Supervisory approval indicates agreement with:

- The treatment staff recommendations to the court within the treatment plan.
- The identified strengths and needs of the youth and family.
- The rate of progress identified.
- Appropriateness of current placement.
- Current treatment and reintegration plan for the youth.
- Permanency planning goal.

### **Required Signatures**

Treatment plans must be signed by:

- The treatment team leader (group leader, social worker, or appropriate designated staff).
- The treatment team manager.
- The behavioral health professional/consultant (as applicable).
- The youth.
- The parent(s) or legal guardian(s).

### **Distribution**

Approved treatment plans must be distributed within seven calendar days to the youth, the youth's file, the court, the youth's juvenile justice specialist, Case Management Organization worker or probation officer, and the youth's parent(s)/legal guardian(s). Copies of letters documenting plan transmittal must be retained in the youth's case file until the youth is released from the facility.

### **DEVELOPING THE TREATMENT PLAN**

Treatment plans must include goals and objectives for negative-scoring domains on the most recent strengths and needs assessment. In order to allot appropriate treatment services, clearly stated goals and action steps must be formed. Action steps within a goal may be deferred as long as the steps are clearly documented in the plan with the supporting reason. Goals must otherwise be maintained from plan to plan unless there is a specific written justification explaining how the goal was achieved or why the goal was changed or deleted.

### **Team Member Roles**

Treatment plans must specifically address appropriate actions required and modalities to be used by treatment team members. Plans must indicate:

- How actions will be completed.
- Who will complete the actions.
- When the actions will be completed.
- Report on the results of the actions.

Plans must address programs/services to be delivered as well as the amount, duration and intensity of the services.

### **Residential Risk Reassessment**

A residential risk reassessment must be completed under the following circumstances:

- To support de-escalation to a non-secure facility or the community.
- Based on treatment team judgment as a function of youth behavior, changes in the treatment program or services, or as otherwise deemed appropriate.
- As deemed necessary to justify reintegration into the community including off-campus treatment, employment, or educational opportunities.
- Prior to completing the third updated treatment plan at the same facility.
- To justify and/or support development of the release treatment plan.

### **Initial Treatment Plan Instructions**

The initial treatment plan (ITP) must be developed in collaboration with the assigned case worker. Goals in the initial service plan must be reflected in the ITP. Any goal differences between the juvenile justice specialist and the treatment team leader must be resolved prior to treatment plan approval.

For a youth with an identified behavioral health need or youth with a negative score for emotional stability or substance abuse on the strengths and needs assessment, the ITP must include a DSM-IV diagnosis and specific symptoms which are the focus of treatment. The plan must identify treatment strategies and interventions to address the youth's behavioral health needs.

**Updated  
Treatment Plan  
Instructions**

The updated treatment plan must be developed in collaboration with the youth's juvenile justice specialist and based on the current risk reassessment and the strengths and needs assessment.

**Release  
Treatment Plan  
Instructions**

The release treatment plan must be developed in collaboration with the youth's juvenile justice specialist and based on the current risk reassessment and the strengths and needs assessment.

Release treatment plans must specifically identify strategies and community resources to address unachieved goals and remaining needs of the youth and family.

Release treatment plans must formally include a relapse prevention plan that describes actions the youth and family must take if relapse or a subsequent offense occurs or is considered imminent.

**Treatment  
Program  
Termination  
Form**

Treatment team staff must complete the Treatment Program Termination Form in the JJJOLT system within 14 calendar days of the youth's release from the facility.

**TREATMENT  
TEAM MEETINGS**

Treatment team meetings must be conducted as follows:

- At least once every 30 calendar days to discuss youth progress.
- Team staff must prepare a written meeting agenda in advance of the meeting.
- Team staff must maintain written minutes in a facility-approved format that includes:

- Date, time and location of meeting.
- Names and positions of those staff required to attend.
- Names and positions of those staff who attended.
- Those staff absent with reason for absence.
- Full names of youth discussed and summary of matters discussed.
- Any participation by parent(s)/guardian(s), mode of participation, or the fact that none participated.
- Brief comments on any written input submitted by those unable to attend.
- The following items must be discussed for each youth discussed in the meeting:
  - The youth's needs, goals and objectives in the treatment plan.
  - The youth's progress in achieving the goals and objectives.
  - The effectiveness of treatment strategies and interventions and any changes in diagnoses, goals, objectives, treatment approaches, interventions, or medications.
  - Intentions to add, modify, reschedule, or eliminate existing goals. The goal and basis for the goal change must be documented in the treatment plan meeting minutes and in the next treatment plan. The basis for goal changes must derive from:
    - A service plan or other input from the assigned juvenile justice specialist.
    - The most recent strengths and needs assessment.
    - Significant new information or observations of the youth's behavior.
    - The best interest of the youth, the youth's family, or the public.
    - The youth's progress.

**AUTHORITY**

Child Caring Institutions Rules, R400.4336, R400.4337 and  
R400.4338